## Case 21-18456-CMG Doc 41 Filed 05/01/22 Entered 05/01/22 13:28:55 Desc Main Document Page 1 of 2

Fill	in this information to id	entify your ca	ase:									
Del	otor 1 J	ohn S. Agu	gliaro			_						
	otor 2					_						
Uni	ted States Bankruptcy	Court for the	DISTRICT OF NEW J	ERSEY		_						
Cas	se number 21-18				Chec	k if this is:	:					
(If kr	nown)						X A	n amende	ed filing			
_										g postpetition ollowing date:	chapter	
<u>O</u>	fficial Form 1	<u>061</u>					Ī	1M / DD/ Y	YYY			
S	chedule I: Yo	our Inco	ome								12/15	
spo atta	use. If you are separach a separate sheet to	ted and you this form. (	are married and not filir r spouse is not filing wi On the top of any addition	th you, do not inclu	ıde inforr	natio	on about	your spo	ouse. If mo	ore space is	needed,	
1.	Fill in your employment information.			Debtor 1				Debtor 2 or non-filing spouse				
	If you have more that		Employment status	☐ Employed				☐ Employed				
	attach a separate page with information about additional employers.		. ,	■ Not employed		☐ Not employed						
	Include part time account or		Occupation	Retired								
	Include part-time, sea self-employed work.	asonai, oi	Employer's name									
	Occupation may inclu or homemaker, if it a		Employer's address									
			How long employed the	here?				_				
Par	t 2: Give Details	s About Mor	thly Income									
spou	use unless you are sep	arated.	ate you file this form. If you	, c	·		•		·	·	J	
mor	e space, attach a sepa	rate sheet to	this form.				.,				,	
							For Del	otor 1		otor 2 or ng spouse		
2.			ry, and commissions (be calculate what the monthl		2.	\$		0.00	\$	N/A		
3.	Estimate and list monthly overtime pay.				3.	+\$		0.00	+\$	N/A		
4.	Calculate gross Inc	ome. Add lin	e 2 + line 3.		4.	\$		0.00	\$	N/A		

Debtor 1		John S. Agugliaro	_		Case number (if known)			21-18456			
						For Debtor 1			or Debtor		
	Cop	y line 4 here	4.		\$		0.00	\$		N/A	_
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	а.	\$		0.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$		0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	50	<b>c</b> .	\$		0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	50	d.	\$		0.00	\$		N/A	-
	5e.	Insurance	5e	€.	\$		0.00	\$		N/A	_
	5f.	Domestic support obligations	5f		\$		0.00	\$		N/A	_
	5g.	Union dues	50	_	\$		0.00	\$_		N/A	_
	5h.	Other deductions. Specify:	_ 5h	า.+	\$		0.00	+ \$_		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$		0.00	\$_		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$		0.00	\$_		N/A	_
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0.0		¢		0.00	¢		N/A	
	8b.	monthly net income.  Interest and dividends	8a 8b		\$_ \$		0.00	*		N/A N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80		\$ \$		0.00	\$		N/A	_
	8d.	Unemployment compensation	80	d.	\$		0.00	\$		N/A	_
	8e.	Social Security	86	€.	\$	1,29	5.00	\$		N/A	-
	8f. 8g. 8h.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income Other monthly income. Specify:	_ 8f		\$ \$ \$	5,30	0.00 09.00 0.00	\$_ \$_ + \$		N/A N/A N/A	-
	OII.	other monthly income. Specify.	_ 01	1.∓	Ψ_		0.00	ΤΨ_		IN/A	- ¬
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	:	\$	6,60	04.00	\$_		N/A	A
10.	Calo	culate monthly income. Add line 7 + line 9.	10.	\$		6,604.00	) + \$		N/A	= \$	6,604.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i L				0,001100
11.	Inclu othe Do r	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe		•	,		•	Schedule	e <i>J</i> . +\$	0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies								e. 12.	\$	6,604.00
	Do was a superior of the super										ned y income
13.	Do :	you expect an increase or decrease within the year after you file this form?  No.  Yes Explain:	?								

Official Form 106l Schedule I: Your Income page 2